FY 2012 CDC ACA/PPHF Grant/Cooperative Agreement Semi-Annual Recipient Reporting Template



CDC logo

| Report Information | | | | | |
|---------------------------|----------|--|--|--|--|
| 1. Agency: | | | | | |
| 2. Program Title: | | | | | |
| 3. Mechanism / Procuremer | nt Type: | | | | |
| 4. Award number: | | | | | |
| 5. Reporting period: | | | | | |
| 6. Report date: | | | | | |

Avards Recipient Information 1. Recipient name: 2. Recipient address: 3. City: 4. State:

Award Information 1. Award title: 2. Award amount: 3. Award date: 4. CFDA number: 5. Award description: 6. Award summary:

| Sunsivano iniornamon | | | | |
|----------------------|--|--|--|--|
| Subaward | | | | |
| recipient name: | | | | |
| Subaward recipient | | | | |
| address: | | | | |
| 3. Subaward Federal | | | | |
| award number: | | | | |
| 4 Subaward amount: | | | | |
| 5. Subaward award | | | | |
| date: | | | | |
| Subaward CFDA | | | | |
| number: | | | | |

Recipients awarded a grant or cooperative agreement with a value of \$25,000 or more from the Prevention and Public Health Fund, shall report, on a semi-annual basis, on the information identified below. Recipient reports are due to CDC no later than the 20th day after the end of a reporting period (January 20th & July 20th). Recipient reports should be emailed to pphfsio@cdc.gov and the Grants Management Official.

[Enter program name listed on PPHF website

(http://www.hhs.gov/open/recordsandreports/prevention/index.html).]

[Enter mechanism/procurement type (e.g., grant, contract).]

[Enter the award number.]

[Enter the reporting period (e.g., January 1 – June 30, 2012).]

[Enter the report date (DD/MM/YYYY)."

[Enter the recipient name.]

[Enter the recipient street address.]

[Enter the recipient city.]

[Enter the recipient state.]

[Enter the title of the grant or cooperative agreement.]

[Enter the total award amount of PPHF funds.]

[Enter the budget start date.]

[Enter the award CFDA number.]

[Provide a description of the award.]

[Provide a summary of the activities undertaken in the reporting period.]

[Enter the subaward recipient name.]

[Enter the subaward recipient full address.]

[Enter the Federal award number.]

[Enter the total subaward amount of PPHF funds.]

[Enter the subaward award date.]

[Enter the subaward CFDA number.]

7. Subaward description:

[Add additional sub-recipient sections as necessary, delete if not necessary.]

[Provide a description of the subaward.]